# Guidelines for Developing Easy-to-Read Health Education Materials

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## Public health professionals use a variety of techniques to influence people's attitudes, knowledge and behavior . . .

and to help them make informed decisions that affect their health. Printed materials are often used to reinforce learning.

Developing effective printed materials begins with careful planning and the involvement of the target audience. This process takes time, money, patience, and a willingness to trust the feedback you receive from the intended audience.

The following guidelines are meant to point you in the right direction. Included are references to resources and research in the fields of health promotion and patient education. These resources will provide more detailed, practical information—for example, how to conduct a focus group or specific design considerations for people with low reading skills.



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## Start with an Open Mind

We start with the assumption that you have completed a needs assessment and determined that educational materials will help reinforce your health message. Keep an open mind about the format—don't assume that a "3-fold" brochure is the answer to your problems. To be effective, printed materials must appeal to the audience. Some audiences will read brochures. Others might be more likely to read a comic book, or a poster, or a magazine article. We usually have a very brief opportunity to present a message that can encourage behavior change—a "teachable moment"—when the audience is most receptive to learning. It is our job to figure out when that is and to be there with a carefully crafted message.

The key is to develop a "concept paper." This will help you stay focused on your educational goal. It will also help you develop questions you can use in testing and evaluating your materials.



## Develop a Concept Paper

## Overall Goal: What do you hope to accomplish with your educational material?

Keep in mind that extensive research suggests printed materials, by themselves, do not produce behavior change. As part of a multifaceted approach, they can be effective in reinforcing a health message. Be realistic and be specific. For example, your goal might be for readers to be able to name three foods they enjoy that are rich in calcium and build strong bones.

## Who is the target audience?

It is a much more effective use of resources to identify a very specific target audience than to develop something for the "general public" and hope it works. The more specifically you define the target, the better your product will be and the more likely your effort will be effective. Focus on who is most likely to receive the message and take positive steps to change. Make a list of all you know about the target audience: where they live and work, what they eat and where they go for entertainment, what they read or watch or listen to. This will help you make key decisions about how to present information and where to distribute it.

## What is the call to action?

What are you asking the reader to do? It should be an action that can reasonably be accomplished by the target audience. It might be the first step in the "stages of change," or something as simple as calling a phone number.

## How will you convey the message?

List the main points and determine what medium you are going to use. The approach you take will be influenced by what you know about the target audience, how and where they get health information, and by your budget and available staff time.

"One of the most significant questions is 'What can the readers do after reading this that they couldn't do before?' One of the pitfalls of developing educational materials is expecting to meet too many objectives in one piece."

Matiella, 1991



## Involve a Professional Designer Early in the Development Process

Design is an integral part of your printed material. It helps determine its function, effectiveness, readability and cost. Design is much more than "making things look pretty." It encompasses how the piece is organized, what is visually emphasized, selection of materials and styles that appeal to the audience, and how the document is disseminated and maintained.

A professional designer can offer guidance about:

- efficient use of a limited budget
- planning and scheduling
- production specifications for a wide range of media

A designer may also act as an art director on more complicated projects where you need a liaison with photographers, illustrators, and computer or printing specialists.

Include the designer early in the development process. It will help the designer to see the process you go through in development and to understand your objectives.

Pay special attention to the design of materials for readers from other cultures or for people with low reading skills. Some images and instructions may be culturally inappropriate. Low level readers often interpret visual information differently than you expect. Pre-testing is crucial.

When producing materials in various languages, you may find it hard to separate design from translation. For example, most designers do not have access to Asian language characters, so the translator must provide artwork. However, translation services often do not have adequate training in design. It will be very important for your designer to work closely with the translator, giving clear directions and detailed specifications.



## Pre-test Messages with the Target Audience

Pre-testing is essential. It is an opportunity to check your message while it is in the early stages of development. You will be able to tell right away if you are on the mark or far afield. Pre-testing doesn't have to be complicated or expensive. But if you wait until the end to test it, you may have to start over.

You can also do a peer review of the content, but this is not the same as pre-testing. It is important to pre-test a draft with several members of the target audience. Pre-testing will let you know if the message is clear and if it is perceived as important. Some questions to ask:

- What do you think the main point is?
- What are you being asked to do?
- What part of this do you find unclear or confusing?
- What would make it more attractive?
- Tell me what this graphic is showing
- What would make your family, friends, or neighbors more likely to read this information?

Do enough testing until you see patterns or repetition of responses. Pre-testing with 15-20 people usually yields enough information to make reasonable decisions, but the amount of pre-testing depends on the complexity or difficulty of your message.

Pre-testing can be done as many times as you need during development. Graphics, photos, other design elements and translations should all be pre-tested.

Some common ways to pre-test messages include focus groups, individual interviews and self-administered questionnaires.

"Pre-testing answers questions about whether materials are understandable, relevant. attention getting, attractive. credible, and acceptable to the target audience."

Doaks, 1995

## **Focus Groups**

A focus group is a discussion in which a small number of informants (6–12), guided by a facilitator or moderator, talk freely and spontaneously about the message, the target audience and the approach. Focus groups provide insight into the perceptions, beliefs, motivation, and vernacular of the target audience. They help bring out feelings, ideas, and attitudes that may not otherwise be expressed by individuals. Focus groups, as a method of pre-testing material, can provide information directly from your target audience. They are efficient because many people are interviewed at one time.

It takes time, staff, experience and financial resources to set up and conduct effective focus groups. You will have to decide the number of focus groups to conduct, the composition of each group, who will moderate, who will record the information, and what kind of incentives are necessary for participants.

## **Individual Interviews**

Conducting interviews with members of the target audience is another method of obtaining input. Individual interviews can be done in a number of settings, such as malls, clinics and schools. They are used most effectively to determine clarity of a message rather than attitudes or ideas. Some advantages: interviews are easy to set up, a way to discuss sensitive or emotional issues, and appropriate for people with limited reading or writing skills.

## **Self-administered Questionnaires**

This method is conducted by mail with the respondent completing and mailing back the information. It is a method usually used to get feedback from other health professionals. It is not a suitable method for people with limited reading or writing skills. You should identify a large enough pool of participants to overcome typically low response rates.



## Write Simply and Clearly for Low Literacy Audiences

To develop low literacy printed materials you will have to pay careful attention not only to the individual words and sentence length, but the number of messages, complexity, layout and the use of graphics. Two excellent resources that are worth the time to read are: *Teaching Patients With Low Literacy Skills* and *Getting the Word Out: A Practical Guide to AIDS Materials Development.* 

Reading level should be geared to your target audience, but most materials should be written for no higher than sixth grade reading skills. People worry that writing for low level readers will come across as condescending, especially if part of the target audience has higher reading skills. But writing for low level readers is about clarity, organization and visual perception, not about "dumbing down" the text. Even highly educated people lose their ability to process information when they are upset, stressed or sick. Materials that are written clearly and simply are best for any audience.

Focus your message on actions, not on the causes of the problem. Remember, most people just want to know what to do. Choose no more than three or four main points. Start with the main points and then supply supporting information in a logical sequence. Restate the main points at the end.

"The average reading level of adult Americans is the 8th to 9th grade. However, one out of five read at the 5th grade level or below."

Doaks, 1995



## Develop Translations Directly for the Target Audience

Whenever possible, health education materials should be developed directly for the language and dialect of the target group, using the same methods outlined above. Make sure there is an identified need, a realistic goal, a target audience, a way to test the materials and an effective means of dissemination. Involve community leaders and organizations in development. Not only will they be more invested in the outcome, they may also know the best places to get translations done.

The usual practice is to develop a brochure in English, and then translate it into other languages. This is often inappropriate because of differences in culture and language. Cultural values and beliefs play a large role in health practices and should be considered in a concept paper. Keep in mind that literal translations of American-English idioms can be meaningless or even offensive. Slogans and catch phrases usually don't carry the same impact when translated.

Work with established community groups or respected individuals for suggestions on reliable translation services and to pre-test messages and media. Don't be cheap or hasty with translations. You get what you pay for.

### Be sure to:

- · Get references and samples of previous work
- Fully communicate your needs—who you are targeting, reading level, etc.
- Request "dynamic equivalence"—the same meaning and impact, not just the same words
- Get recommendations on the cultural appropriateness of examples and illustrations
- Plan and coordinate the translations with your graphic designer

The Office of Health Promotion can offer suggestions for qualified translation services and walk vou through the process. Call 360-236-3736 for more information.

Show the translation to community members and ask for comments and corrections. We also recommend "back translations." Identify people, preferably in your target audience, who are bilingual, and have them translate the material back into English. Then check it against your original English message or text.



## **Know How to Order Printing**

The advent of desktop publishing has made the printing process much more accessible. It has also created a lot confusion for those who are not familiar with "offset" printing specifications. Consult with a designer and printer for directions **before** you set up the final artwork, especially if you intend to use color. Color offset printing is very different from color copying or laser prints.

Like any trade, printing has its own language and customs. Using the right terms will help you avoid confusion and mistakes. Your designer can help you with this. It is also good to know trade customs, or the standard business practices of the printing industry.

Plan enough time in your production schedule for printing and finish work. Too often, when a project is behind schedule, it is the printer who is asked to make up the difference. Haste can result in costly problems and poor quality. Typically, you should allow a minimum of two weeks for printing, depending on the quantity and complexity of your piece.

Printers can usually do your labeling and mailing. Have your distribution plan ready before you go to the printer.



## **Other Helpful Hints**

## Be Aware of ADA Requirements

The Americans with Disabilities Act requires that materials printed by state agencies be available, upon request, to a person with a disability such as impaired vision.

Any educational materials printed by the State Department of Health must include the following statement:

For persons with disabilities this publication is available on request in other formats. To submit a request, please call 1-800-525-0127.

Health Consumer Assistance will receive any calls and forward them to the appropriate program. It is the program's responsibility to provide the requester with the alternative format. The most likely formats are large print or audiotape. In other words, you would provide the text in 16–18 point type, or have someone read and record the text on cassette tape. If you have other questions, contact the Governor's Committee on Disability Issues and Employment, 360-438-3168.

## **Adapt Materials That Are Already Developed**

Before developing new materials, check to see if other materials are available that meet identified needs. This can save money and staff time. Other states or government agencies are usually willing to provide camera-ready art in exchange for a printed acknowledgment. All materials from the federal government are "public domain" and free to be reproduced. Remember, you will still need to pretest with the target audience.

Determine whether materials need to be modified:

- Is it appropriate for the target audience?
- Has it been evaluated? What would the originators change?
- Are the messages consistent with your objectives?
- Can you add your agency's logo?

## **Assess Materials Before They Are Reprinted**

Periodically review all educational materials to ensure they are still accurate and being used properly.

Before you spend your limited printing budget, ask yourself these questions:

- Has the target group changed? Example: beach residents and vacationers are getting the message about not harvesting shellfish on urban beaches. The problem has shifted to Asian immigrants.
- Is the information still accurate? Example: a new recommendation for SIDS prevention is to place babies on their backs to sleep.
- Are the photographs or illustrations out of date? Example: an illustration of a baby sleeping on its stomach.
- Is another format more appropriate for conveying your message. Example: the focus has changed to a worksite program, so a simplified pay-check stuffer will reach the audience better than a brochure.

Keep records of how many and to whom your materials are delivered. Periodically, call these users and ask a few questions about how the material is being used, if they have noticed any strengths or weaknesses, and if they have suggestions for changing it.

## A Few Things State DOH Staff Should Know

- Your publication must have a high quality DOH logo.
- All educational materials must have a 6-digit publication number assigned by Documents Management and a publication date. Translations of a publication share the same publication number, but add the name of the language (DOH Pub 130-005 3/2000 Spanish).
- Notify the Office of Health Promotion about new or revised materials, so all materials get listed properly in the DOH health education catalog.
- The legislature requires state agencies to send 50 copies of all publications to the state library.
- Notify DOH Warehouse staff when printing is ordered so they can prepare for delivery.

## Resources Recommended by the Office of Health Promotion

### **Books:**

Pretesting in Health Communications: Methods, Examples and Resources for Improving Health Messages and Materials, U.S. Department of Health and Human Services, Public Health Service, National Institute of Health – NIH Pub #84-1493

**Teaching Patients with Low Literacy Skills**, Second Edition, Doak, Doak, and Root, Lippincott Co., 1996

Getting the Word Out: A Practical Guide to AIDS Materials Development, Matiella, ETR Associates, 1990

*Guidebook to Effective Materials Development for Health Education*, Matiella, Middleton and Thacker, Tobacco Education Clearinghouse of California, California Department of Health Services, Tobacco Control Section, 1991

*Making Health Communication Programs Work: A Planner's Guide*, U.S. Dept. of Health & Human Services, NIH Pub #89-1493

**How-To Guides on Community Health Promotion**, Health Promotion Resource Center, Stanford Center For Research in Disease Prevention:

Section 2 Focus Groups—When and How to Use Them: A Practical Guide

Section 21 Developing and Producing Brochures

*Guidelines for Health Education and Risk Reduction Activities*, U.S. Department of Health and Human Services, 1995

Marketing Social Change, Alan R. Andreasen, Josey-Bass Publishers, 1995

*Focus Groups: A Practical Guide for Applied Research*, Richard A. Krueger, Sage, Thousand Oaks, CA, 1994

**Patient and Family Educational Materials Development Kit**, Children's Hospital and Medical Center, Seattle, WA, 1997

### **Articles:**

Krueger, R. A., *Designing and Conducting Focus Group Interviews*, Notes from a 1997 social marketing workshop, University of Minnesota, rkrueger@mes.umn.edu

Avoiding Common Errors in the Production of Prevention Materials, Technical Assistance Bulletin, OSAP Communications Team, 1990

Sabogal, F. et al. *Printed Health Education Materials for Diverse Communities: Suggestions Learned From the Field*, Health Education Quarterly, Vol 23 (Supplement) December 1996

## Office of Health Promotion Consultation:

Our staff of health education and marketing professionals can help other DOH programs develop and produce high quality health education and health promotion materials.

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